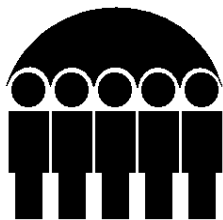


Revised July 4, 2008

Employees' Manual
Title 13
Chapter B Appendix

DETERMINING ELIGIBILITY FOR TITLE IV-E

APPENDIX



Iowa
Department
of
Human Services

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IV-E Initial Placement Information, Form 470-3839

| | |
|------------|--|
| Purpose | Form 470-3839 is used by the social work case manager (SWCM) to communicate information to the IV-E worker regarding a child's removal from the home. This information is needed so the IV-E worker can complete a determination of IV-E eligibility and claiming for children in out-of-home care. The IV-E worker uses this form to document the IV-E determination. |
| Source | Complete this form on line using the templates available in the public state-approved forms folder on Outlook or on the DHS Intranet eForms web page. Supplies of the form can also be printed from the sample in the manual or the templates. |
| Completion | <p>The SWCM initiates this form for each child who has been placed in out-of-home care, whether through a court order or through a voluntary placement agreement. Complete Section 1 of the form when a child is first placed in an out-of-home setting, within five working days of the agreement or order.</p> <ul style="list-style-type: none">◆ For voluntary placements, also provide the IV-E worker with a copy of the voluntary placement agreement signed by the parents or guardian and the DHS case manager.◆ For emergency removals and court-ordered removals, also provide the IV-E worker with a copy of the court order with the removal language. <p>The IV-E worker completes Section 2 through 5 to document whether IV-E initial eligibility and claiming requirements are met.</p> <p>If the court order does not contain "reasonable efforts" language, track the case to determine if the reasonable efforts determination has been made within 60 days. Once you obtain the reasonable efforts finding, complete form 470-3918, <i>IV-E Changes</i>.</p> |

| | |
|--------------|--|
| Distribution | <p>The SWCM forwards the form to the IV-E worker along with a copy of the court order or the voluntary placement agreement.</p> <ul style="list-style-type: none">◆ The form can be sent via e-mail if there are no paper attachments included with the form.◆ If you received the court order via e-mail, you can e-mail both forms to the other unit.◆ If there is a paper attachment (court order or voluntary placement agreement), forward the paper copy of the form along with the attachment. <p>The IV-E worker must file the completed copy of the form in the IV-E case record.</p> |
|--------------|--|

| | |
|------|-------------------------------|
| Data | Complete the form as follows: |
|------|-------------------------------|

Section 1 (SWCM)

Complete the service worker and child's information regarding the child's situation, case identifying information, and removal household information.

Section 2 (IV-E Worker)

Determine if IV-E initial eligibility requirements are met and mark the applicable "Yes/No" box for each requirement. Include dates where applicable.

Section 3 (IV-E Worker)

Determine if the IV-E claiming requirements are met and mark the applicable "Yes/No" box for each requirement.

Section 4 (IV-E Worker)

Indicate whether the appropriate system entries have been made and the date entered.

Section 5 (IV-E Worker)

Sign and date the form.

Foster Care and/or Subsidized Adoption Information Exchange, Report S472N111-01

Purpose Report S472N111-01, *Foster Care and/or Subsidized Adoption Exchange of Information*, provides IV-E workers information that is needed to determine IV-E and Medicaid eligibility for children in foster care and adoption assistance programs.

Supply The FACS system generates this report nightly.

Completion The FACS system automatically generates this form on foster care and adoption subsidy cases when:

- ◆ There is a start date recorded on FACS (labeled as "new placement" on the report).
- ◆ There is an end date recorded on FACS (labeled as "exit placement" on the report). (A move from one placement to another generates two reports.)
- ◆ The FACS case is transferred to a new service worker.

The IV-E worker examines the report to determine whether the change affects IV-E or Medicaid eligibility (or if additional information is needed).

Distribution If there is an open Medicaid case with an FBU of 19, the report is issued to the IV-E worker responsible for that case. If there is no open case with a 19 FBU, the report is issued to worker number CM00 in the office where the service worker is located.

Exception: For PMIC placements, the form is generated to the IM unit in the county where the facility is.

File the report in the IV-E case record.

Data Data reported include:

- ◆ Identification of the workers and the reason for the report.
- ◆ Information about the child.
- ◆ Information about the child's parents.
- ◆ Information about the child's placement.

Note: Do not use the PLACEMENT IV-E field or the SERVICE IV-E field to evaluate IV-E eligibility.

IV-E Financial Worksheet, Form 470-3837

| | |
|--------------|--|
| Purpose | The IV-E worker uses form 470-3837 to determine if IV-E financial criteria, including deprivation based on unemployment or underemployment, are met for children in out-of-home placement. |
| Source | Complete this form on line using the templates available in the public state-approved forms folder on Outlook or on the DHS Intranet eForms web page. Supplies of the form can also be printed from the sample in the manual or the templates. |
| Completion | <p>The IV-E worker completes the form:</p> <ul style="list-style-type: none">◆ At the time of the initial IV-E eligibility determination if all IV-E legal authority and judicial language criteria have been met, as well as age, citizenship, and specified relative requirements.◆ At the time of the IV-E annual review if the child is IV-E-eligible.◆ Any time IV-E eligibility needs to be redetermined based on reported change affecting deprivation due to unemployment or underemployment. <p>Complete the form even if the child receives SS1 or is in a non-IV-E-claimable placement.</p> <p>To assist in completing the worksheet, refer to:</p> <ul style="list-style-type: none">◆ The Medicaid application (or for a child currently receiving Medicaid, to a copy of the most recent application and review form on which Medicaid eligibility is based).◆ Applicable verification and documentation of income and resources.◆ Form 470-3839, <i>IV-E Initial Placement Information</i>, or form 470-3918, <i>IV-E Changes</i>, completed by the SWCM. |
| Distribution | Attach this form to the <i>IV-E Initial Placement Information</i> , form 470-3839, and file in the IV-E case record. |

Data

The form evaluates deprivation due to unemployment or underemployment, income and resources of the removal household, and the child's income and resources, based on AFDC policies in effect as of July 16, 1996, with the following exceptions:

- ◆ The resource limit of \$1,000 increased to \$10,000 effective January 2000.
- ◆ The Standard of Need eligibility test is the only income test that has to be met when determining income eligibility for the removal household.
- ◆ When determining the child's ongoing income eligibility, the child's income is compared to 185% of the child's maintenance payment.

JCS Referral for Payment, Form 470-3334

| | |
|--------------|--|
| Purpose | The <i>JCS Referral for Payment</i> transfers information from the juvenile court officer needed for DHS to set up a FACS case for payment of foster care services for children being supervised by a JCO. |
| Supply | Print supplies of the form from the sample in the manual. |
| Completion | The juvenile court officer prepares the form on "payment-only" foster care cases (supervised by the juvenile court officer instead of a DHS service worker) when: <ul style="list-style-type: none">◆ Referral is made for foster care placement.◆ There is a change or new information relevant to the case (changes in demographics, new placements, reviews).◆ The case closes. |
| Distribution | File the original in the juvenile court case file. Forward one copy to DHS. If the child has a disability, also send one copy to Benefit Team Services. |
| Data | The form includes information about: <ul style="list-style-type: none">◆ The juvenile court officer.◆ The foster child and the child's parents.◆ The child's school status.◆ The child's removal and placement.◆ The circumstances leading to the child's removal.◆ The child's current living arrangement.◆ The child's current case permanency plan.◆ Foster care administrative reviews.◆ The child's finances.◆ Parental support, FIP, and SSI. |

IV-E Changes, Form 470-3918

| | |
|--------------|--|
| Purpose | <p>Form 470-3918, <i>IV-E Changes</i>, is used by social work case managers (SWCM) and social worker IVs (SW4) to communicate information to IV-E workers regarding changes that potentially affect IV-E eligibility and claiming. The IV-E worker uses the form to document:</p> <ul style="list-style-type: none">◆ The effect the reported change has on IV-E eligibility and claiming; and◆ That a IV-E annual review was completed. |
| Source | <p>Complete this form on line using the templates available in the public state-approved forms folder on Outlook or on the DHS Intranet eForms web page. Supplies of the form can also be printed from the sample in the manual or the templates</p> |
| Completion | <p>The SWCM or IV-E worker completes Section 1 regarding the child's information.</p> <p>The SWCM completes Section 2 regarding changes.</p> <p>The SW4 completes Section 3 regarding the RE2 finding.</p> <p>The IV-E worker completes Sections 4 and 5 regarding impact the change has on IV-E eligibility and claiming requirements.</p> |
| Distribution | <p>The SWCM forwards the form to the IV-E worker.</p> <ul style="list-style-type: none">◆ The form can be sent via e-mail if there are no paper attachments included with the form.◆ If a court order is received via e-mail, e-mail both forms to the IV-E worker.◆ If there is a paper attachment (court order or voluntary placement agreement), forward the paper copy of the form along with the attachment. <p>The IV-E worker must file the completed copy of the form in the IV-E case record.</p> |

Data

Complete the form as follows:

Section 1 (SWCM or IV-E worker)

Complete the child's information.

Section 2 (SWCM):

- ◆ Complete the applicable section based on the type of change that occurred.
- ◆ Attach applicable court orders to the form.

Section 3 (SW4):

- ◆ Identify the RE2 due date.
- ◆ Indicate whether the attached court order contains an RE2 finding and the date FCTL / database entries were completed.
- ◆ Sign and date the form.

Section 4 (IV-E Worker):

Mark the box next to the applicable change and complete information regarding the change.

Section 5 (IV-E Worker):

- ◆ Indicate whether IV-E funding can be claimed. If the funding status changed, include the effective date of the change.
- ◆ Complete the information on ABC entries
- ◆ Sign and date the form.

IV-E Adoption Subsidy Determination, Form 470-4163

| | |
|--------------|---|
| Purpose | Form 3918, <i>IV-E Adoption Subsidy Determination</i> , is used by IV-E staff to assist in determining whether a child qualifies for IV-E adoption assistance funding. |
| Source | Complete this form on line using the templates available in the public state-approved forms folder on Outlook or on the DHS Intranet eForms web page. Supplies of the form can also be printed from the sample in the manual or the templates |
| Completion | The IV-E worker completes the form to document eligibility for IV-E adoption subsidy. |
| Distribution | File a completed copy of the form, along with the applicable documentation, in the IV-E adoption case record. |
| Data | <p>The IV-E worker completes the form as follows:</p> <p>Complete the child's information and indicate the date the adoption petition was filed and the date the adoption was finalized.</p> |

Section A: General Requirements

Answer the questions regarding whether the child meets the four general requirements and indicate what documentation is being used to support the determination.

Section B: One of Four Categories

Answer the questions regarding whether the child meets one of the four categories and indicate what documentation is being used to support the determination.

Section C: IV-E Eligibility Determination

Indicate whether the child is eligible for IV-E adoption assistance and the date eligibility begins. If the child does not meet the four general requirements, indicate whether the child is eligible for nonrecurring expenses.

Section D: Fund Source (PAYH) Retro Claiming

Indicate what the funding is for both the pre-subsidy and subsidy cases and whether this is correct or not based on the determination.

If not correct, identify the reason why funding is incorrect and the months that are included in any retroactive claim. Also indicate whether retroactive claiming is needed for non-recurring expenses.

Sign and date the form.



THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

March 6, 2001

GENERAL LETTER NO. 13-B-AP-7

ISSUED BY: Bureau of Permanency Services
Division of Adult, Children and Family Services

SUBJECT: Employees' Manual, Title 13, Chapter B, ***DETERMINING ELIGIBILITY, FOR TITLE IV-E, APPENDIX***, Title page, new; Contents (page 1), new; pages 1 through 9, new; and the following forms:

| | |
|-------------|--|
| 470-3839 | <i>Foster Care/Adoption Exchange Addendum</i> , new |
| S472N111-01 | <i>Foster Care and/or Subsidized Adoption Information Exchange</i> , unchanged |
| 470-3837 | <i>Foster Care IV-E IM Worksheet</i> , new |
| 470-3841 | <i>Foster Care Medicaid Application Addendum</i> , new |
| 470-3334 | <i>JCS Referral for Payment</i> , revised |
| 470-3838 | <i>Title IV-E Foster Care Eligibility Review Checklist</i> , new |

Summary

This new appendix provides forms to be used in completing:

- ◆ Initial IV-E eligibility determinations for new cases.
- ◆ New reviews of IV-E eligible cases.
- ◆ The historic review of IV-E eligibility on existing cases.

Service workers should begin using the *Foster Care/Adoption Exchange Addendum*, form 470-3839, for new foster care entries and for existing cases for which a *Title IV-E Foster Care Eligibility Review Checklist*, form 470-3838, has been completed.

Service and IM workers should begin using the *Foster Care Medicaid Application Addendum*, form 470-3334, immediately.

IM workers should begin using the *Foster Care/Adoption Exchange Addendum*, form 470-3839, to evaluate the placement and service IV-E eligibility instead of the information provided on the *Foster Care and/or Subsidized Adoption Information Exchange*, FACS report S472N111-01.

IM workers should begin using the *Foster Care IV-E IM Worksheet*, form 470-3837, to evaluate all cases both in the historic review and for new and ongoing cases.

Juvenile court services workers should begin using the revised *JCS Referral for Payment*, form 470-3334, as soon as juvenile court offices can order and receive supplies of the revised form. Destroy remaining supplies of the previous version of the form, dated 8/96, when you get the revised forms.

Effective Date

Upon receipt.

Material Superseded

None

Additional Information

Forms that will be used permanently will be incorporated into existing IM and Service forms appendixes.

- ◆ The *Foster Care/Adoption Exchange Addendum* will be used only until the FACS report can be revised;
- ◆ The *Foster Care Medicaid Application Addendum* will be used only until the Medicaid application can be revised; and
- ◆ The *Title IV-E Foster Care Eligibility Review Checklist* will be used only to prepare cases for federal review, as directed in General Letter 13-B-10, issued February 27, 2001.

Refer questions about this general letter to your regional benefit payment or service administrator.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

February 12, 2002

GENERAL LETTER NO. 13-B-AP-8

ISSUED BY: Division of Behavioral Development and Protective Services for Families, Adults and Children

SUBJECT: Employees' Manual, Title 13, Chapter B, ***DETERMINING ELIGIBILITY FOR TITLE IV-E APPENDIX***, Contents (page 1), revised; and form 470-3334, *JCS Referral for Payment*, revised.

Summary

This chapter is revised to:

- ◆ Change form 470-3334, *JCS Referral for Payment*, to properly gather information from Juvenile Court staff about cases that they are managing.
- ◆ Remove form 470-3838, *Title IV-E Foster Care Eligibility Checklist*, from the chapter. The form is now obsolete since federal review is now complete.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 13, Chapter B, Appendix, and destroy them:

| <u>Page</u> | <u>Date</u> |
|-------------------|---------------|
| Contents (page 1) | March 6, 2001 |
| 470-3334 | 2/01 |
| 470-3838 | 2/01 |
| 9 | March 6, 2001 |

Additional Information

Destroy all existing supplies of form, 470-3334, *JCS Referral for Payment*, dated 2/01.

Use form 470-3841, *Foster Care Medicaid Application Addendum*, only with any remaining supply of the *Foster Care Medicaid Application*, form 470-2779. When that supply is exhausted, use the *Health Services Application*, form 470-2927 or 470-2927(S). Use of the *Addendum* is not required with the *Health Services Application*.

Refer questions about this general letter to your supervisor.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

June 4, 2002

GENERAL LETTER NO. 13-B-AP-9

ISSUED BY: Services Policy and Practice Team
Division of Behavioral, Developmental, and Protective Services

SUBJECT: Employees' Manual, Title 13, Chapter B, ***DETERMINING ELIGIBILITY FOR TITLE IV-E APPENDIX***, Contents (page 1), revised; pages 1, 2, 3, 5, 6, and 9, revised; page 10, new; and the following forms:

470-3839 *IV-E Initial Placement Information*, revised
470-3837 *Foster Care IV-E IM Worksheet*, revised
470-3918 *IV-E Changes*, new

Summary

This appendix provides forms to be used in completing:

- ◆ Initial IV-E eligibility determinations for new cases.
- ◆ Reviews of IV-E eligible cases.

Form 470-3839, *Foster Care/Adoption Exchange Addendum*, has been updated and the name has been changed to *IV-E Initial Placement Information*. Staff should use this form for all new foster care placements.

Form 470-3918, *IV-E Changes*, is a new form for reporting information on IV-E eligibility for ongoing cases. SWCMs and IV-E service and IM workers should use this form for all new foster care placements and for all existing foster care cases.

Form 470-3837, *Foster Care IV-E IM Worksheet*, has been revised to make it more useful for completing IV-E eligibility determinations. With the revision of form 470-3839 and new form 470-3918, the distribution for form 470-3837 is changed. IV-E IM workers should keep form 470-3837 in the IM case file. It is no longer required to be in the service file. IV-E IM workers should begin using the revised form 470-3837 when completing IV-E eligibility determinations and reviews of IV-E eligibility.

Form 470-3839, *Foster Care/Adoption Exchange Addendum*, is removed from the chapter. This form is now obsolete, since federal review is now complete.

Effective Date

March 13, 2002

Material Superseded

Remove the following pages from Employees' Manual, Title 13, Chapter B, Appendix, and destroy them:

| <u>Page</u> | <u>Date</u> |
|-------------------|-------------------|
| Contents (page 1) | February 12, 2002 |
| 470-3839 | 2/01 |
| 1-3, 5, 6, 9 | March 6, 2001 |
| 470-3837 | 2/01 |
| 470-3839 (7 pp.) | March 6, 2001 |

Additional Information

Refer questions about this general letter to your supervisor or to the IM SPIRS and Service Help Desks.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

September 1, 2006

GENERAL LETTER NO. 13-B-AP-10

ISSUED BY: IV-E Eligibility Unit
Field Office Support Unit

SUBJECT: Employees' Manual, Title 13, Chapter B, ***DETERMINING ELIGIBILITY FOR TITLE IV-E APPENDIX***, Contents (page 1), revised; pages 1, 2, 3, and 6 through 10, revised; and the following forms:

470-3839 *IV-E Initial Placement Information*, revised
470-3837 *Foster Care IV-E IM Worksheet*, revised
470-3918 *IV-E Changes*, revised

Summary

Two forms have been changed to reflect a change in worker responsibility for completion of various sections of the form.

- ◆ On 470-3839, *IV-E Initial Placement Information*, the social work case manager completes Section One, and the IV-E income maintenance worker completes Sections Two and Three.
- ◆ On 470-3918, *IV-E Changes*, the social work case manager completes Sections One and Two when a change occurs or a court order has been obtained. The IV-E income maintenance worker completes Section One as needed and completes Sections Three and Four.

The 470-3837, *Foster Care IV-E IM Worksheet*, has been updated to incorporate format changes.

The *Foster Care Medicaid Application Addendum*, 470-3841, is obsolete due to use of the *Health Services Application*, 470-2927 and 470-2927(S), for foster care Medicaid applications.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 13, Chapter B, Appendix, and destroy them:

| <u>Page</u> | <u>Date</u> |
|-------------------|---------------|
| Contents (page 1) | June 4, 2002 |
| 470-3839 | 4/02 |
| 1-3 | June 4, 2002 |
| 470-3837 | 3/02 |
| 6 | June 4, 2002 |
| 470-3841 | 2/01 |
| 7, 8 * | March 6, 2001 |
| 470-3918 | 4/02 |
| 9, 10 | June 4, 2002 |

* In the printed manual, move the sample of form 470-3334 to follow page 6 instead of page 8.

Additional Information

Refer questions about this general letter to your supervisor or to the IM SPIRS and Service Help Desks.



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

July 4, 2008

GENERAL LETTER NO. 13-B-AP-11

ISSUED BY: IV-E Eligibility Unit
Field Office Support Unit

SUBJECT: Employees' Manual, Title 13, Chapter B, ***DETERMINING ELIGIBILITY FOR TITLE IV-E APPENDIX***, Title page, revised; Contents (page 1), revised; pages 1 through 10, revised; and the following forms:

| | |
|-------------|---|
| 470-3839 | <i>IV-E Initial Placement Information</i> , revised |
| S472N111-01 | <i>Foster Care and/or Subsidized Adoption Exchange of Information</i> , unchanged |
| 470-3837 | <i>IV-E Financial Worksheet</i> , revised |
| 470-3334 | <i>JCS Referral for Payment</i> , unchanged |
| 470-3918 | <i>IV-E Changes</i> , revised |
| 470-4163 | <i>IV-E Adoption Subsidy Determination</i> , new |

Summary

Form 470-3839, *IV-E Initial Placement Information*, is revised to incorporate format changes and minor changes in wording.

Form 470-3837, *Foster Care IV-E IM Worksheet*, is renamed *IV-E Financial Worksheet*. This form is also revised to clarify the information needed on the form.

Form 470-3918, *IV-E Changes*, is revised to incorporate format changes as well as add types of changes to be reported on the form. Section 3 has been updated to reflect the current RE2 determination process that is now completed by the SW4.

Form 470-4163, *IV-E Adoption Subsidy Determination*, is added to the manual and is revised to correct references to various sections on the form. The form is also updated to reflect policy changes regarding SSI eligibility and child of a minor parent policy. Questions regarding deprivation at the time the adoption petition is filed and the child's income and resources have been removed.

Form 470-4163, *IV-E Adoption Subsidy Determination*, and instructions for have been added to the manual.

Effective Date

Upon receipt.

Material Superseded

Remove the entire Chapter B Appendix from Employees' Manual, Title 13, and destroy it. This includes the following pages:

| <u>Page</u> | <u>Date</u> |
|-------------------|-------------------|
| Title page | 3/6/01 |
| Contents (page 1) | September 1, 2006 |
| 470-3839 | 3/06 |
| 1-3 | September 1, 2006 |
| 4 | March 6, 2001 |
| S472N111-01 | 5/15/96 |
| 470-3837 | 8/05 |
| 5, 6 | June 4, 2004 |
| 470-3334 | 12/01 |
| 7-10 | September 1, 2006 |
| 470-3918 | 11/05 |

Additional Information

Refer questions about this general letter to your supervisor or to the IV-E Unit.